

Ayurvedic Management of Recurrence of Stye in a Diabetic Patient – A Single Case Study

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Abstract

Introduction

Diabetes Mellitus is a chronic diseases condition which is associated with a wide range of complications. Stye is one of the complications, which if not treated then it may threaten vision. A stye is an abscess of the eyelid caused by a staphylococcal infection, which can be correlated to *Anjananamika* in *Ayurveda*. People with diabetes, refractive error and chronic debilitating illnesses are more prone to styes than the general population .As there was no satisfactory treatment available in modern science, this study was conducted to explore better alternatives to cure the recurrence of stye.

Aim

To reduce the recurrence of stye in a diabetic patient by local application of *LekhanaAnjana* and hot fomentation with water for 2 months regularly twice a day.

Materialsand Methods

A 30 yrs old male patient with Type 2 DM was presented with a localized painful eyelid swelling and small pus-filled spot on the eyelid margin since last 2 months. He was attending *shalakya* OPD of NIA and was chosen for study.

Results

PippalyadiAnjana seems to have a role in controlling recurrence of stye in diabetic patients.

Discussion

Contents of *PippalyadiAnjana* viz. *Pipalli*, *Maricha*, *Shunthi* and *Rasanjana* have *Lekhana* and *Pittashamakap* properties which will help in healing and reducing the symptoms of stye.

Keywords

Stye,*PippalyadiAnjana*



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INTRODUCTION

Stye is often caused due to ill health, conjunctivitis, chronic diseases like Diabetes Melitus and infection of the eyelid. The infecting organism is usually a *Staphylococcus aureas* bacterium. Infection of the hair follicles of the eyelid leads to blockage of the hair follicles, due to uncleanliness, lack of hygiene and dirt, sebaceous glands near the eye lids can also get blocked and provide a conducive environment for the growth of infective organisms¹. This is often seen among children who keep suffering from it repeatedly; constant rubbing of eyes, sleep deprivation and poor nutrition also contributes in causing stye. From *Ayurvedic* perspective, *raktadhatu* (blood tissue) is vitiated by *doshas* in *Anjananamika*². Mainly *pittadosha* remains vitiated though sometimes other *doshas* too may be vitiated. Diabetics are more prone to stye because diabetes leads increase in concentration of sugar in the blood and other secretions. There are more chances for skin infections as bacteria grow more readily in a sugar rich environment³ People with diabetes, chronic blepharitis, seborrhea, and chronic debilitating illnesses are having more chances to have stye than the general population⁴. Stress seems to trigger of

development of stye . People who have high blood lipid levels are more susceptible to oil gland blockages more likely to develop a stye. One may have a boil at a time which may not heal completely and relapse again. Poor hygiene of hands or eyes can also predispose to it. Diabetes, HIV infection and other immune suppressive ailments make more prone to develop infections anywhere in the body including eyes. Allopathic management of stye includes topical antibiotic and systemic antibiotic. Patient has tried out these measures but there was no relief and recurrence was there so he was given *Ayurvedic* management in the form of *PippalyadiAnjana* and hot fomentation with water. Patient was successfully managed with this treatment without any side effects.

MATERIALS AND METHODS

Place of study- National institute of Ayurveda, Jaipur (Rajasthan), 302002

Case Report – The present case study is a successful Ayurvedic management of a case of recurrence of stye in a diabetic patient. A 30 year old male patient with type 1 DM came to Madhav Vilas Hospital, Jaipur (Rajasthan) with major complains of-

- Pain in right eye

- Burning sensation
- Heaviness in lid
- Swelling of lid margin
- Mucoid discharge
- Redness
- Tenderness of lid margin
- A whitish , round , raised multiple pus point at lash follicle
- Matting of eye lashes

Patient had above complains since past one month but recurrence of styte was since 1 year. Refractive error was corrected by glasses but recurrence of styte is there so he opted for *Ayurvedic* treatment.

HISTORY OF PRESENT ILLNESS

The patient was normal before one and half year back but since then patient had been suffering from styte in both the eyes alternatively. Patient was also psychologically upset since last 6 months. He had used various local and oral allopathic medicines but there was no any significant relief. Hence he came to Madhavvilas hospital for management.

Table 1 PERSONAL HISTORY

Name: xyz	<i>Bala:</i>	<i>Prakriti:</i>
	<i>Madhyama</i>	<i>PittaVata</i>
	(Average)	
Age:30years	Sleep:	BP:110/70
	Inadequate	mmH

Sex: Male	Addiction:	FBS : 150
	None	PPBS : 264
Marital status:	Bowel habit:	Height:
Unmarried	Irregular	158cm
Occupation:	Appetite: Poor	Weight: 64kg
Student		

Table 2 ASHTAVIDHA PARIKSHA

<i>Nadi</i> (pulse): 80/min	<i>Shabda</i> (speech): Clear
<i>Mala</i> (stool): constipation	<i>Sparsha</i> (touch):Normal
<i>Mutra</i> (urine9) :Normal	<i>Druka</i> (eyes):Normal
<i>Jivha</i> (tounge) : Coated	<i>Akruti</i> (built): Madhyam

Treatment plan-

Patient was treated on OPD basis.

Selected Ayurvedic Drugs:

PippalyadiAnjanaw was selected for local application.

Table 3 Dose, Route, Kala (drug administration time) of drugs

Name Of Medicine	Dose	Route	Kala
<i>PippalyadiAnjana</i>	1 <i>harenu</i> (1 drop)	Topical	Morning and evening

Duration: 1 month

Follow up - were done once in 15 days for 1 month follow up period

Criteria for selection of medicines: *Anjanawas* selected on the basis of their properties useful in pacifying vitiated *dosha* in *Anjanamika* and ability to relieve signs and symptoms of *Anjanamika*.

Table 4 Ingredients of *PippalyadiAnjana* and properties

Name of drug	Latin name	Properties
<i>Pippali</i>	<i>Piperlongum</i>	<i>Vatakaphashamaka, Deepana, Shoolprashamana, Shirovirechana, Kramighna, Yogawahi</i>
<i>Shunthi</i>	<i>Zingiberofficinale</i>	<i>Kaphavatashamaka, Shothhara, Vedanashapana, Shoolprashamana, Deepana,</i>
<i>Maricha</i>	<i>Pipernigrum</i>	<i>Kaphashamaka, Lekhana,, Deepana, Shirovirechana,, Kramighna, Srotoshodhana</i>
<i>Rasaanjana</i>	<i>Berberisaristata</i>	<i>Kaphpittahar, Vednasthapana , Shothhar , Varnashodha</i>

Preparation of Anjana: In *pippalyadianjana*⁵ each contains were equal in quantity. Patient was asked to take 5mg of *Pippalyadianjana* and adequate *madhu* were added to mix them. It is type of *lekhanajaanana*. *Anjana* was prepared fresh every day. Medicines used in this case were prepared in NIA *Shalakyakriyakalpa* Department.

Counseling- As patient was also psychologically upset hence proper counseling of patient was done. He was made aware about that Diabetic patient are more prone for stye recurrence. Patient was made confident that this condition is treatable.

Follow up 1st - After first follow-up patient had mild relief in signs and symptoms.

Duration- This treatment was carried out for 15 days

Follow up 2nd- After 15 days.

Signs and symptoms of the patient regarding stye were assessed during each follow-up and results were drawn after last follow up.

Grading: The data for grading is given in Table 5

Table 5 Criteria for assessment of result

Signs and Symptoms	Normal	Mild	Moderate	Severe
Pain	0	1	2	3
Burning sensation	0	1	2	3
Mucoid discharge	0	1	2	3
Matting of lashes	0	1	2	3
Tenderness	0	1	2	3
Redness	0	1	2	3
Swelling	0	1	2	3
Heaviness	0	1	2	3
Visible pus point	0	1	2	3

OBSERVATION AND RESULTS

Assessment of signs and symptoms of Stye (*Anjanamika*) before and after treatment (Table 6)

Table 6 Changes in signs and symptoms during each follow up

Signs and Symptoms	Before treatment	1 st Follow up	2 nd Follow up
Pain	3	2	0
Burning sensation	2	2	1
Mucoid discharge	1	1	0
Matting of lashes	1	1	0
Tenderness	3	2	0
Redness	2	1	1
Swelling	3	2	0
Heaviness	3	2	0

Visible pus point	3	2	0
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Table 6 shows that there is significant relief in all signs and symptoms of *Anjanamika*. It means selected management of *Anjanamika* is effective.

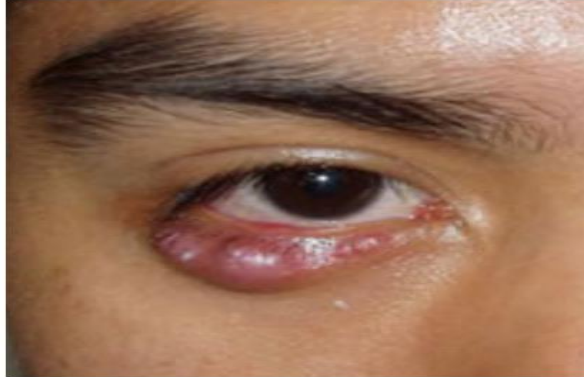


Fig 1



Fig 2

DISCUSSION

In *AyurvedicSamhitasAnjanamika* is described very shortly. *AcharyaSushruta* has pointed out vitiated *Rakta* as the causative factors of the disease. *AcharyaVagbhat*⁶ has also mentioned it. According to Modern science Stye is an abscess which occurs in the eyelid. It usually arises in the base of the hair follicle of an eyelash. Topical applications of antibacterial eye drop , systemic antibiotics is commonly prescribed by modern science. According to Modern scienceStye patient doesn't need to observe any dietary precautions. This patient has tried out all these allopathic measures but found no relief.

Ayurveda has different holistic view while treating any disease. Diets, mode of life,

psychological status are considered as important along with medicinal management. This case was ideal case of *Anjanamika*. Patient was type 1 Diabetes Melitus taking fast food; oily, salty substances; regularly. He was having habit of *Adhyashan* (Eating even after taking full diet). Patient was also practicing *RatriJagaran* (night awaking) and *Divaswap*(Daytime sleeping). These etiological factors may be the cause for vitiation of *Tridosha* along with *Raktadoshdusti* and resulted in formation of *Anjanamika* (Stye) on lid margin with clinical features like burning sensation, pain, swelling, discharge, pus point on lash follicle etc. Internal treatment was selected for this patient considering *Ayurveda* Principles. *PippalyadiAnjanawere* selected

for study. It is a type of *Lekhana Anjana*. In *Pippalyadi Anjana* ingredients are *Pippali*, *Marich*, *Shunthi*, *Rasaanjana*, they all have *vatakaphashamaka*, *raktashodaka*, *Tikshna*, *Laghu*, *Ushna*, *Shothara*, *Vednashapana*, and *Shoolprasamana*⁷ properties. *Stye* is an abscess which is caused by blockage of sebaceous gland at lash follicle. *Pippalyadi Anjana* have *Tikshna*, *Laghu*, *Ushna* properties and they act as *Srotorodhakarma*, so the blockage were break and free flow of secretions were found. *Pipalli*, *Marich*, *Shunthi* and *Rasaanjana* also have anti-inflammatory⁸, antibacterial properties. This *Anjana* was given for 30 days. During complete duration of treatment, patient was instructed to follow *Pathya* (do's) and *Apathya* (don'ts) as advised strictly. During first follow up it was found that there is significant relief in all signs and symptoms of acne except burning sensation and redness. Patient was examined again after 15 days. There was disappearance of *Stye* complete relief in swelling, burning sensation and pain. Significant improvement was observed in all the signs and symptoms except burning sensation and redness from grade 3 to grade 0. This shows that if plan of treatment is

selected according to Principles of *Ayurveda* along with proper drugs, doses, duration, *Pathya* and *Apathya* there is assurance of success in treatment as seen in this case of *Anjanamika*..

CONCLUSION

Hence it is concluded that *Pippalyadi Anjana* along with hot water fomentation is highly effective in the management of *Anjanamika* (*Stye*).

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